

## ABSTRACT

A continent ostomy port device has a generally planar face plate defining a selectively sealable aperture which is alignable with the opening of a stoma formed in the body of a user of the device. A closure portion is connected to the generally planar face plate adjacent to the aperture and is adapted to permit selective and repeatable covering and uncovering of the aperture in the generally planar face plate. A catheter portion extends from one side of the face plate and extends proximally, and one end of the catheter portion is disposed interior of the user's body, within the ostomy site, when the port device is in normal use position. The catheter portion has continuous and generally cylindrical exterior and interior side walls, the latter defining a major lumen. The catheter portion is sized and shaped appropriately for non-surgical insertion through a stoma to a sufficient distance that the presence of the catheter portion within the stoma provides a physical barrier which reduces the incidence of stoma prolapse, without the use of extraneous, externally applied materials or additional surgery. A removable cartridge is sized and shaped to fit snugly and slideably within the major lumen of the catheter portion of the device so as to be liquid-tight and to thereby prevent inadvertent escape of body waste material from the stoma through the device when the cartridge is in place, so that the user is not required to wear an ostomy bag, and to further thereby clean the interior side wall of the catheter portion as the cartridge is pressed into the major lumen of the catheter. A selectively operable anti-reflux valve that is attached internally of the proximal end of the catheter portion and is activated when it is desired to prevent escape of body waste through the port device, and deactivated when it is desired to permit passage of fluid through the port device. Retaining structure is connected to the catheter, and is non-surgically, snugly fittable into the stoma, to cause the port device to be self-retaining in a normal use position within a stoma of the user, without the need for special surgery and extraneous, external fixation materials such as tape, belts, and adhesives.